



3629
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application No.	09/653,767
		Filing Date	September 1, 2000
		First Named Inventor	Scott T. ALLAN
		Examiner Name	Ouellette, Jonathan P.
		Group Art Unit	3629
Total Number of Pages in This Submission	18	Attorney Docket No.	A-68678/RMA(467766-93)
ENCLOSURES (check all that apply)			
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group	
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences	
<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)	
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information	
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter	
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):	
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Issue Fee Transmittal	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	<input checked="" type="checkbox"/> Check No. 6612 for \$210.00	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, No. of CD(s) _____	<input checked="" type="checkbox"/> Return receipt postcard	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	Remarks	RECEIVED JUL 21 2004 GROUP 3600	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53			
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm or Individual name	Maria S. Swiatek, Reg. No. 37,244 For: R. Michael Ananian DORSEY & WHITNEY LLP 4 Embarcadero Center, Suite 3400 San Francisco, CA 94111 Telephone : 415 781 1989		Customer Number 32940
Signature			
Date	July 13, 2004		
CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service with Sufficient postage as first class mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date:			7/13/04
Typed or printed name	Claudia Galik		
Signature		Date	July 13, 2004



RECEIVED

JUL 21 2004

**AMENDMENT
FEE CALCULATION
2003**

Complete if Known

GROUP 3600

Application No.	09/653,767
Filing Date	September 1, 2000
First Named Inventor	Scott T. ALLAN
Group Art Unit	3629
Examiner Name	Ouellette, Jonathan P.
Atty. Docket Number	A-68678/RMA (467766-93)

Claims as Amended in Response to Office Action dated: February 13, 2004

METHOD OF PAYMENT (Check One)		AMENDMENT FEE CALCULATION (Continued)																										
1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to: Deposit Account No.: 50-2319 Deposit Account Name: <u>DORSEY & WHITNEY LLP</u> <input checked="" type="checkbox"/> Charge any additional fee required under 37 C.F.R. 1.16 and 1.17 <input checked="" type="checkbox"/> Applicant claims small entity status (see 37 C.F.R. 1.27)		3. ADDITIONAL FEES																										
2. <input checked="" type="checkbox"/> Check Enclosed		Large Entity Fee	Small Entity Fee																									
AMENDMENT FEE CALCULATION		Fee Description	Fee Paid																									
1. EXTRA* CLAIM FEES		110	55																									
<table><thead><tr><th>Claims Remaining after Amendment</th><th>Highest Number Previously Paid for</th><th>Present Extra</th><th>Fee from Below*</th><th>Additional Fee</th></tr></thead><tbody><tr><td>Total</td><td>-</td><td>=</td><td>x</td><td>=</td></tr><tr><td>Indep.</td><td>-</td><td>=</td><td>x</td><td>=</td></tr><tr><td>First Presentation of Multiple Dependent Claim</td><td></td><td></td><td>x</td><td>=</td></tr><tr><td colspan="5">Subtotal (1)</td></tr></tbody></table>		Claims Remaining after Amendment	Highest Number Previously Paid for	Present Extra	Fee from Below*	Additional Fee	Total	-	=	x	=	Indep.	-	=	x	=	First Presentation of Multiple Dependent Claim			x	=	Subtotal (1)					410	205
Claims Remaining after Amendment	Highest Number Previously Paid for	Present Extra	Fee from Below*	Additional Fee																								
Total	-	=	x	=																								
Indep.	-	=	x	=																								
First Presentation of Multiple Dependent Claim			x	=																								
Subtotal (1)																												
		930	465																									
		1,450	725																									
		1,970	985																									
		320	160																									
		320	160																									
		280	140																									
		110	55																									
		110	55																									
		1,300	650																									
		1,300	650																									
		130	130																									
		180	180																									
		750	375																									
		Other fee (specify):																										
		Subtotal (2)																										
		Total Amount of Payment:																										

Submitted by:

Name: Maria S. Swiatek
For: R. Michael Ananian

Reg. No.: 37,244

Telephone: 650-494-8700

DORSEY & WHITNEY LLP

Four Embarcadero Center, Suite 3400
San Francisco, California 94111-4187CUSTOMER NUMBER **32940**

Signature:

Date: July 13, 2004

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